



EMPLOYMENT APPLICATION

Today's Date

Print Name in Full: Last name: First name: M.I.

Employed under any other name(s), please list.

Email address

Position you are applying for (Must be specific: "ANY" is not acceptable)

PLEASE READ BEFORE COMPLETING THE APPLICATION – *This application must be completed in full. We ask that you please print or type and complete all items. **Incomplete or Unsigned Applications WILL NOT BE PROCESSED.** Applications/resumes containing information that has not been requested will be automatically rejected.*

Applicants with disabilities may contact the Human Resources Department to request the accommodation needed to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The Town of Eatonville is an equal opportunity employer and will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law.

- ❖ Personal Information: _____
Street Address City State Zip
- ❖ Home Telephone No. () _____ Alternate () _____
- ❖ Best time to call you _____
- ❖ May we contact you at work? ☐ YES ☐ NO If yes, work number () _____
- ❖ Best time to call you _____
- ❖ Are you lawfully eligible to work in the United States? ☐ YES ☐ NO (Verification is done with e-verify)
- ❖ Are you at least 18 years of Age? ☐ YES ☐ NO
- ❖ Do you possess a valid Florida Driver's License? ☐ YES ☐ NO
☐ Operator ☐ CDL/Class _____
- ❖ Is your driver's license currently restricted, suspended, or expired? ☐ YES ☐ NO If yes, please explain: _____

If you wish to mail the application, send the complete application package to: The Town of Eatonville*
Attn: Human Resources 307 E. Kennedy Boulevard, Eatonville, Florida 32751

- ❖ Have you ever been convicted of a Felony. ☐ YES ☐ NO
- ❖ Have you ever been employed by the Town of Eatonville? ☐ YES ☐ NO If yes, when and in what position? _____
- ❖ Does the Town of Eatonville employ any relative (by blood or marriage) or cohabitant of yours? ☐ YES ☐ NO
If yes: provide name, relationship, and department where they work.
Name _____ Relationship _____ Dept. _____
Name _____ Relationship _____ Dept. _____
- ❖ **Referral Source:** (please circle as applicable) 1. Town's Website 2. Newspaper 3. Internet 4. Job Posting
5. Walk-In 6. Word of Mouth 7. Other: Name of Source: _____
- ❖ **Type of Employment Sought:** ☐ Full-Time ☐ Part-Time ☐ Temporary
- ❖ Have you ever been a member of the United States Armed Services? ☐ YES ☐ NO
If yes, Entry Date: _____ Discharge Date: _____ Branch: _____
- ❖ Are you currently a member of any branch of the military or Naval Reserves? ☐ YES ☐ NO
- ❖ Do you wish to assert Veteran's Preference? ☐ YES ☐ NO **NOTE:** You must submit your DD-214 and complete the Application for Veterans' Preference enclosed in this application in order to be given veterans' Preference consideration
- ❖ **Education:** Circle highest grade completed – **Grade School:** 1 2 3 4 5 6 7 8 **HS:** 1 2 3 4
Graduate: 1 2 3 4

Name of School	Location	Major Degree
High School		
College		
Graduate School		
Vocational School		
Other Training		

- ❖ Are you currently pursuing a degree? ☐ YES ☐ NO If yes, provide course of study and number of credits earned: _____
- ❖ **Specialized Skills:** List any pertinent skills or knowledge that you may have for example, computer, computer software, office machines you can operate; machinery/heavy equipment you can or have operated; professional or occupational licenses you hold (i.e., building inspector, CDL w. A. endorsement, etc:(mechanical, electrical, construction tools/equipment). **Be specific please.**

Office Machines
Computer/Computer Software
Machinery/Heavy Equipment
Professional/Occupational License

- ❖ **Work History:** List ALL employment & volunteer experience, including temporary & part-time, for the past ten (10) years. **Begin with present or most recent employer.** Provide **ALL** information requested. Account for all periods of time, including unemployment and service in the Armed Forces. Include types of equipment operated. If you were employed under a different name, please enter that name in the left-hand margin of the application.
- ❖ May we contact your current employer? ☐ YES ☐ NO If no, when may we contact? _____

<u>Current or Last Employer:</u>	Dates Employed
	From: _____ To: _____
Address (Number & Street) _____ Phone Number (inc. area code) _____	Supervisor's Name _____
City/State/Zip Code _____	<u>Your</u> Job Title _____
Reason For Leaving _____	Hours worked Per Week _____
Describe the work you do, or did, in some detail _____	Salary: _____

<u>Previous Employer:</u>	Dates Employed
	From: _____ To: _____
Address (Number & Street) _____ Phone Number (inc. area code) _____	Supervisor's Name _____
City/State/Zip Code _____	<u>Your</u> Job Title _____
Reason For Leaving _____	Hours worked Per Week _____
Duties: _____	Salary: _____

<u>Previous Employer:</u>	Dates Employed
	From: _____ To: _____
Address (Number & Street) _____ Phone Number (inc. area code) _____	Supervisor's Name _____
City/State/Zip Code _____	<u>Your</u> Job Title _____
Reason For Leaving _____	Hours worked Per Week _____
Duties: _____	Salary: _____

<u>Previous Employer:</u>	Dates Employed
	From: _____ To: _____
Address (Number & Street) _____ Phone Number (inc. area code) _____	Supervisor's Name _____
City/State/Zip Code _____	<u>Your</u> Job Title _____
Reason For Leaving _____	Hours worked Per Week _____
Duties: _____	Salary: _____

<u>Previous Employer:</u>	Dates Employed
	From: _____ To: _____
Address (Number & Street) _____ Phone Number (inc. area code) _____	Supervisor's Name _____
City/State/Zip Code _____	<u>Your</u> Job Title _____
Reason For Leaving _____	Hours worked Per Week _____
Duties: _____	Salary: _____

Have you provided employment information covering the past 10 years as required? If not, please attach sheets of the same size as the application if you need to supply more information regarding previous employers.

❖ **References:** List three (3) persons **NOT RELATED** to you who have knowledge of your character. Do not list former Employers.

Name and Occupation	Full Address	Telephone Number (must inc. area code)
1. _____	_____	(_____) _____
2. _____	_____	(_____) _____ —
3. _____	_____	(_____) _____

Thank you for completing this application form and for your interest in employment with us. The Town of Eatonville is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, gender, national origin, legally recognized disability, or marital status.

Pursuant to Chapter 119, Florida Statutes – Public Records Law, personal records and job application, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person.

Your application for employment remains active in the Human Resources Department for a total of six (6) months from the date of completion or receipt, if mailed to us. If, after submitting this application, another position becomes available and you are interested in being considered for that position you must contact the Human Resources Department personally or in writing to update your application.

Applicant's Certification and Agreement – Please Read Carefully Before Signing

Statement of Application: I understand and acknowledge that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

Status: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions, with the exception of FICA and Worker's Compensation.

Probation Period: I understand that if hired, my position with the Town of Eatonville is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

Physical Examination/Drug/Alcohol Testing: I am aware that the Town of Eatonville is a "Drug Free Workplace". I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the American with Disabilities Act (ADA). I also understand that the post-offer physical examination may include a drug and alcohol screening test. I understand that prior to receiving an offer of employment, and as part of the post-offer physical, I will receive a copy of the Town's Drug Free Workplace Program. Any illegal or controlled substance that is shown in my test results will cause my immediate disqualification for employment with the Town of Eatonville.

Certification: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the Town of Eatonville after my hire date, it may cause my dismissal from the Town. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures, and policies of the Town of Eatonville.

Please **Print** Your Name

Your signature (**required**)

Date

ATTACHMENT TO TOWN OF EATONVILLE APPLICATION FOR EMPLOYMENT
TOWN OF EATONVILLE, FLORIDA

NOTICE TO APPLICANT REGARDING VETERANS' PREFERENCE

Preference eligible applicants who meet the minimum qualifications for the position shall be given preference over any other applicant with equal qualifications.

DOCUMENTATION, AS STATED BELOW, MUST BE SUBMITTED WITH THE EMPLOYMENT APPLICATION TO BE GIVEN VETERANS' PREFERENCE.

- ❖ Veterans, Disabled Veterans and Spouses of Disabled Veterans DV shall furnish Form DD-214 (Military Discharge Papers) or its equivalent from the VA listing military status, dates of service and discharge type.
- ❖ Disabled Veterans shall also furnish a document from the VA, DOD or the DVA certifying that the Veteran has a compensable service-connected disability.
- ❖ Spouses of Disabled Veterans shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the DVA; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.
- ❖ Spouses of Persons on Active Duty shall furnish a document from the DOD, VA. or DVA certifying that the person on active duty is listed as missing in action, captured in the line of duty, or forcibly detained or interned in the line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of application for employment.
- ❖ Unmarried Widow or Widower of a Deceased Veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
- ❖ A veteran who has served in a campaign or expedition for which a campaign badge or Expeditionary Medal has been authorized; any armed force Expeditionary Medal or the Global War on Terrorism Expeditionary Medal is qualifying for Veterans Preference.

Please note that the Town of Eatonville is mandated by the State of Florida to give Veteran's Preference; all the rules and regulations regarding the same are set by the State and the Town has no control over them.

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

IF YOU ARE CLAIMING VETERAN'S PREFERENCE, DOCUMENTATION MUST BE ATTACHED.

Your Name: _____ Position you are applying for: _____

VETERANS' PREFERENCE

Are you claiming veterans' employment preference?

☐ Yes (please complete this form)

☐ No (sign and date this form please)

VETERANS' PREFERENCE:

Check the appropriate block *if you are claiming veteran's preference*. Documentation substantiating your claim *must be furnished* at the time of application.

- _____ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Affairs and the Department of Defense, or
- _____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- _____ 3. A veteran of any war who has served on active duty for 1 day or more during a war time period excluding active duty for training and who was discharged under honorable conditions from the armed forces of the United States of America.
- _____ 4. The un-remarried widow or widower of a veteran who dies of a service-connected disability.
- _____ 5. A veteran who has served in a campaign or expedition for which a campaign badge or Expeditionary Medal has been authorized; any armed forced Expeditionary Medal or the Global War on Terrorism Expeditionary Medal is qualifying for Veterans Preference.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Have you ever been employed in a full-time capacity by the State of Florida or any political subdivision of the State? O Yes O No

If yes, give name of employer: _____

NOTE: Under Florida law, preference in appointment and employment shall be given, by the State and its political subdivision, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL, 3378-1630. A complaint must be filed within twenty-one (21) days after notice of a hiring decision is made by the employing agency or within 3 months of the date of application if no notice is given. For additional information on Veteran's Preference, please go to www.floridavets.org/benefits/veteranspref.htm

I acknowledge that I have read and understood the rights expressed in this notice.

Applicant's Signature

Date Signed

SURVEY

PLEASE NOTE: This information will be maintained separately from your application and will not be considered in the application evaluation process.

The Town of Eatonville is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information requested below for EEO statistical reporting purposes.

Qualified applicants are considered for Town of Eatonville positions, and employees are treated during their employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Please make a copy after completing this form. Thank you.

- Your Name: _____ Today's Date: _____
- Social Security #: _____
- Position applied for: _____
- How did you learn about this vacancy? (please circle as applicable)

- | | | |
|-------------------|------------------|---------------------------------|
| 1. Town's Website | 2. Internet | 3. Job Posting |
| 4. News Paper | 5. News Journal | 6. Orlando Sentinel |
| 7. Walk-in | 8. Word of Mouth | 9. Other; Name of Source: _____ |

- Date of birth: ____/____/____
Month Day Year

- Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
- Sex: ☐ Female ☐ Male
- Handicapped/Disabled: ☐ Yes ☐ No

- **RACIAL/ETHNIC DATA (CHECK ONE)**

- | | | |
|----|--------------------------|--------------------------------------|
| 1. | <input type="checkbox"/> | WHITE |
| 2. | <input type="checkbox"/> | BLACK |
| 3. | <input type="checkbox"/> | HISPANIC |
| 4. | <input type="checkbox"/> | ASIAN OR PACIFIC
ISLANDER |
| 5. | <input type="checkbox"/> | AMERICAN INDIAN OR
ALASKAN NATIVE |

(Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa. All persons of Mexican, Puerto Rican, Cuban, Central or South America, other Spanish culture or origin regardless of race. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands, and Samoa. All persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.